

**Fill in this information to identify the case:**

United States Bankruptcy Court for the:

\_\_\_\_ District of Delaware  
(State)Case number (if known): \_\_\_\_\_ Chapter 11☐ Check if this is an amended filing**Official Form 205****Involuntary Petition Against a Non-Individual****12/15**

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

**Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed****1. Chapter of the Bankruptcy Code**

Check one:

☐ Chapter 7☒ Chapter 11**Part 2: Identify the Debtor****2. Debtor's name**SA Hospital Acquisition Group, LLC**3. Other names you know the debtor has used in the last 8 years**

Include any assumed names, trade names, or doing business as names.

**4. Debtor's federal Employer Identification Number (EIN)**☐ Unknown8 5 - 2 3 7 9 2 6 5  
EIN**5. Debtor's address****Principal place of business**4308 Via Entrada

Number Street

Newbury Park

City

CA

State

91320

ZIP Code

Ventura County

County

**Mailing address, if different**

Number Street

P.O. Box

City

State

ZIP Code

**Location of principal assets, if different from principal place of business**3933 S. Broadway

Number Street

Saint Louis

City

MO

State

63118

ZIP Code

## 6. Debtor's website (URL) \_\_\_\_\_

## 7. Type of debtor

- ☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
- ☐ Partnership (excluding LLP)
- ☐ Other type of debtor. Specify: \_\_\_\_\_

## 8. Type of debtor's business

Check one:

- ☒ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☐ None of the types of business listed.
- ☐ Unknown type of business.

## 9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?

- ☒ No
- ☐ Yes. Debtor \_\_\_\_\_ Relationship \_\_\_\_\_
- District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship \_\_\_\_\_
- District \_\_\_\_\_ Date filed \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

## Part 3:

## 10. Venue

Check one:

- ☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

## 11. Allegations

Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).

The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).

At least one box must be checked:

- ☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
- ☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

## 12. Has there been a transfer of any claim against the debtor by or to any petitioner?

- ☒ No
- ☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Debtor

SA Hospital Acquisition Group, LLC  
Name

Case number (if known)

## 13. Each petitioner's claim

Name of petitioner

Nature of petitioner's claim

Amount of the claim  
above the value of  
any lien

Matthew Haddad

Contractual obligation

\$ 2,625,000

Goldberg Healthcare Partners, LLC

Contractual obligation

\$ 535,000

Frank Saidara

Contractual obligation

\$ 110,000

Yoel Pessso

Contractual obligation

\$ 500,000

Total of petitioners' claims

\$ 3,770,000

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

## Part 4: Request for Relief

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

## Petitioners or Petitioners' Representative

## Name and mailing address of petitioner

Matthew Haddad

Name

100 Wilshire Blvd., Suite 1500

Number Street

Los Angeles

City

CA

State

90017

ZIP Code

## Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/31/2023

MM / DD / YYYY

/s/ Matthew Haddad

Signature of petitioner or representative, including representative's title

## Attorneys

Aaron L. Hammer

Printed name

HORWOOD MARCUS &amp; BERK CHARTERED

Firm name, if any

500 West Madison Street, Suite 3700

Number Street

Chicago

City

IL

State

60661

ZIP Code

Contact phone 312-242-3293

Email ahammer@hmblaw.com

Bar number 6243069

State

IL

/s/ Aaron L. Hammer

Signature of attorney

Date signed 08/31/2023

MM / DD / YYYY

## Name and mailing address of petitioner

Fairborz Saidara

Name

2355 Westwood Blvd., Suite 1101

Number Street

Los Angeles

City

CA

State

90064

ZIP Code

## Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/31/2023  
MM / DD / YYYY

û /s/ Fairborz Saidara

Signature of petitioner or representative, including representative's title

Aaron L. Hammer

Printed name

HORWOOD MARCUS &amp; BERK CHARTERED

Firm name, if any

500 West Madison Street, Suite 3700

Number Street

Chicago

City

IL

State

60661

ZIP Code

Contact phone 312-242-3293 Email ahammer@hmbllaw.Com

Bar number 6243069

State IL

û /s/ Aaron L. Hammer

Signature of attorney

Date signed 08/31/2023  
MM / DD / YYYY

## Name and mailing address of petitioner

Goldberg Healthcare Partners, LLC

Name

9230 W. Olympic Blvd., Suite 203

Number Street

Beverly Hills

City

CA

State

90212

ZIP Code

## Name and mailing address of petitioner's representative, if any

Peter Pinto

Name

9230 W. Olympic Blvd., Suite 203

Number Street

Beverly Hills

City

CA

State

90212

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/31/2023  
MM / DD / YYYY

û /s/ Peter Pinto

Signature of petitioner or representative, including representative's title

Aaron L. Hammer

Printed name

HORWOOD MARCUS &amp; BERK CHARTERED

Firm name, if any

500 West Madison Street, Suite 3700

Number Street

Chicago

City

IL

State

60661

ZIP Code

Contact phone 312-242-3293 Email ahammer@hmbllaw.Com

Bar number 6243069

State IL

û /s/ Aaron L. Hammer

Signature of attorney

Date signed 08/31/2023  
MM / DD / YYYY

Debtor SA Hospital Acquisition Group, LLC  
Name

Case number (if known) \_\_\_\_\_

**Name and mailing address of petitioner**

Yoel Pesso

Name

7912 Blackburn Ave., Suite 10

Number Street

Los Angeles

City

CA

State

90048

ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 08/31/2023  
MM / DD / YYYY

u /s/ Yoel Pesso

Signature of petitioner or representative, including representative's title

Aaron L. Hammer

Printed name

HORWOOD MARCUS & BERK CHARTERED

Firm name, if any

500 West Madison Street, Suite 3700

Number Street

Chicago

City

IL

State

60661

ZIP Code

Contact phone 312-242-3293 Email ahammer@hmblaw.com

Bar number 6243069

State IL

u /s/ Aaron L. Hammer

Signature of attorney

Date signed 08/31/2023  
MM / DD / YYYY

**Name and mailing address of petitioner**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

**Name and mailing address of petitioner's representative, if any**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on \_\_\_\_\_  
MM / DD / YYYY

u \_\_\_\_\_

Signature of petitioner or representative, including representative's title

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Firm name, if any

\_\_\_\_\_  
Number Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

Contact phone \_\_\_\_\_ Email \_\_\_\_\_

Bar number \_\_\_\_\_

State \_\_\_\_\_

u \_\_\_\_\_

Signature of attorney

Date signed \_\_\_\_\_  
MM / DD / YYYY